

**City of San Diego
Commission for Arts and Culture**

**Fiscal Year 2010
Creative Communities San Diego (CCSD)
Application Forms and Checklists**

The forms and checklists included herein are provided for your convenience.

Please do not attempt to use these forms and checklists or submit an application before carefully reviewing the complete publication, *FY: 2010 Creative Communities San Diego Guidelines and Application*, which includes instructions for how to complete each of these forms.

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Name of Organization	
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Intent to Apply Form

All applicants must state their intent to apply by completing this form and returning it to the Commission by September 30, 2008.

Name of Contact Person	
Title	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Website	

Eligibility: You must check either Box # 1 or Box #2 and all of the remaining boxes (3-7) to be eligible to apply to the CCSD Program:

1. ☐ **Yes, we have Nonprofit Status:** We are able to demonstrate proof of tax exempt nonprofit status under section 501(c)(3) or 501(c)(6) of the Internal Revenue Code or Section 23701d of the California Revenue and Taxation Code at the time of application.

OR

2. ☐ **Fiscal Sponsor:** We do not have nonprofit status. We intend to apply under a Fiscal Sponsor that can demonstrate eligibility as indicated in Item #1 above. Our Fiscal Sponsor is ready, willing and able to enter into a contractual relationship with the Commission and will accept all liabilities for this project.

If you checked Box # 2, please provide the following information for your Fiscal Sponsor:

Name of Organization	
Name of Contact Person	
Title	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Website	

3. ☐ **Location:** Our proposed project takes place within San Diego City limits.
4. ☐ **Track Record:** Our organization has a three (3) year history of operations prior to the application deadline.
5. ☐ **Compliance:** Our organization is in compliance with all existing City of San Diego contracts (if applicable).
6. ☐ **Matching Funds:** Our organization is able to meet the City's required 3:1 cash match requirement for projects with budgeted expenses greater than \$30,000 or 2:1 match

requirement (up to 50% of which may be in-kind) for projects with budgeted expenses less than or equal to \$30,000.

7. ☐ **Scheduling:** Our proposed project will take place between July 1, 2009 and June 30, 2010.

Our Organization Will Complete:

☐ LONG FORM: Please respond to the Acknowledgement box below and submit this form.

☐ SHORT FORM: If eligible for Short Form, please check the appropriate Short Form Eligibility Criteria boxes below:

Short Form Eligibility Criteria:

Note: *You must check all 7 boxes to be eligible to apply using the Short Form.*

- ☐ Our organization has satisfactorily completed CCSD contracts for three (3) or more immediately past and consecutive years, i.e. you had CCSD contracts in Fiscal Years 2007, 2008, and 2009.
- ☐ Our application received a rank of 3+ or higher for FY 2009.
- ☐ Our organization has presented the same program or event for the past three years at the same site and with the same key staff.
- ☐ Our organization has not submitted short form applications for all three of the three previous funding cycles (FY07, FY08, FY09). Note: There is a three year time limit on the submission of short forms.
- ☐ Our organization submitted its FY09 Exhibit A for a contract on or before August 29, 2008.
- ☐ All of our organization's insurance requirements are current.
- ☐ Our organization submitted its FY08 Final Report (exclusive of audit, if required) on or before September 30, 2008*.

LONG AND SHORT FORM ACKNOWLEDGEMENT

- ☐ ***With the submittal of this form to the Commission, I acknowledge the deadline for the FY10 CCSD application is November 19, 2008 and that late applications will not be accepted.***

Note: The deadline for submitting this FY10 CCSD ***Intent to Apply Form*** is September 30, 2008.

** Organizations intending to apply in short form should NOT submit their Intent to Apply forms until AFTER submitting their FY09 Exhibit A Form and FY08 Final Report.*

Return this form to the Commission by email, fax, or ground delivery to:

Nigel Brookes, Arts Management Associate
City of San Diego Commission for Arts and Culture
1200 Third Avenue, Suite 924
San Diego, CA 92101-4106
Email: nbrookes@sandiego.gov
Fax: 619-236-6812

Form A. Application Cover Page

If an organization is using a fiscal agent, complete this form twice – once for the fiscal agent and once for the organization implementing the project.

Circle one... This page is for:	The applying organization (no fiscal agent required)	The fiscal agent	The implementing organization (using a fiscal agent)
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Legal Name of Organization	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Website	
DUNS Number	

Contact Person/Project Mgr.	
Title	
Phone	
Fax	
Email	

Chief Executive	
Title	
Phone	
Fax	
Email	

Please provide the following for the person who is authorized to sign contracts:

Name	
Title	
Phone	
Fax	
Email	
Signature	

Name of Organization	
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Form B: Project Summary

	Annual Operating Income (last completed year)	Closing Date of Fiscal year
Implementing Organization		
Fiscal Agent (if applicable)		

Title of Project	
Projected Income	
Projected Expenses	
Your CCSD Request (see below)	
Project Dates	
Brief Description of Project:	

If the project occurs in more than three locations, please prepare and submit a table similar to the one below with all of the locations listed therein:

Name and address of each project location	City Council District

CCSD Requests (See page 10 for more information.)

- **Project Budgets greater than \$30,000** may request one fourth (25%) of the proposed project's cash expenses.
- **Project Budgets of \$30,000 or less** may request one third (33.3%) of the proposed project's cash expenses, and it must be able to demonstrate an amount equal to its request in cash contributions. The maximum amount that an organization with a project budget less than or equal to \$30,000 could request would be \$10,000. Either match that \$10,000 with \$20,000 in cash or match that \$10,000 with a minimum of \$10,000 in cash and the remainder (up to \$10,000) in in-kind contributions.

Applicants are strongly encouraged to request the maximum that they are allowed to request.

Name of Organization	
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Form C: Mission Statement Goals and Objectives

Please review pages 20-21 before completing this form.

Mission Statement:

Goal 1:

Measurable Objective 1:

Measurable Objective 2:

Measurable Objective 3:

Etc.

Goal 2:

Measurable Objective 1:

Measurable Objective 2:

Measurable Objective 3:

Etc.

Goal 3:

Measurable Objective 1:

Measurable Objective 2:

Measurable Objective 3:

Etc.

Continue the format identified above.

Name of Organization _____

Form D: Board Resolution

Resolution of the Board of Directors of the aforementioned organization approving the application for Creative Communities San Diego Program Funding from the City of San Diego Commission for Arts and Culture for Fiscal Year 2010.

WHEREAS, Chapter III, Article 5, of the San Diego Municipal Code provides for the imposition of a tax on transient occupants of hotel rooms in the City of San Diego, the proceeds of which are to be used for the promoting of the City of San Diego, including cultural purposes, and for certain other purposes as the Council may direct; and

WHEREAS Council Policy 100-03 sets forth guidelines, standards and procedures for the allocation and expenditure of TOT funds; and

WHEREAS, the aforementioned organization is a legally constituted nonprofit corporation completely directing and in control of its own affairs through its own officers or members;

NOW, THEREFORE BE IT RESOLVED, that the Board of Directors of the aforementioned organization, hereby:

1. Approves filing an application for Creative Communities San Diego funding for the City's Fiscal Year 2010;
2. Certifies that said organization understands Council Policy 100-3 and will comply with the guidelines, standards and procedures thereof;
3. Appoints the person indicated as follows as its agent to conduct all negotiations; execute and submit all documents including but not limited to applications, contracts, amendments, billing statements, and so on which may be necessary to operate the aforementioned organization;

Name of authorized agent and title _____

4. Certifies support of the organizational goals and objectives as outlined in the accompanying application;
5. (For FY 2009 CCSD Long Form Applicants Only): Certifies that both the chief elected and chief executive officers have read the FY 2009 OSP Panel Comments.

Chief elected officer initial here:	
Chief executive officer initial here:	

Adopted [insert date]: _____

Chief Elected Officer Printed Name and Signature (please specify title)

Chief Executive Officer Printed Name and Signature (please specify title)

Name of Organization	
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Table 1: Audience and Visitor Information

In the table below, enter the requested data for your last completed project (Column B) and your projections for FY2010 (July 1, 2009 – June 30, 2010).

If you have not yet completed your project for FY2009 (July 1, 2008 – June 30, 2009), you will enter FY2008 (July 1, 2007 – June 30, 2008) information in Column B and FY2010 projections in Column C and report nothing for FY2009.

Column A	Column B	Column C
	Last Completed Project	Projected
Total Attendance		
Single tickets or admissions sold		
Free tickets or admissions		
Number of Tourists *		
Number of Paid Participants (musicians, actors, etc.)		
Number of Volunteers		
Number of Vendors (if applicable)		
Price of tickets		

*A **tourist**, in general, is a person who travels more than 50 miles to visit San Diego or a person who pays a Transient Occupancy Tax.

Name of Organization	
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Table 2: Project Income

A	Column B	Column C	Column D	Column E
		Completed	Current	Projected
		7-1-07 to 6-30-08	7-1-08 to 6-30-09	7-1-09 to 6-30-10
	Contributed			
1	Federal Government*			
2	State Government*			
3	Other City of San Diego*			
4	CCSD Request (See Note)			
5	Other Government*			
6	Individual Contributions			
7	Business/Corp. Contributions			
8	Foundations			
9	Fundraising			
10	In-Kind Contributions ¹			
11	Other ²			
12	Total Contributed			
	Earned			
13	Admissions			
14	Contracted Services			
15	Tuition/Workshops			
16	Product Sales/Concessions			
17				
18	Total Earned			
19	Total Income			

Note: Requesting an amount less than that for which you are eligible can only financially penalize your group.

You should request the full amount for which you are eligible.

* All government contributions require budget notes.

¹ In-Kind contributions (which are to be shown ONLY FOR projects with expenses budgets of \$30,000 or less) require an attachment itemizing the contributions which includes the names and addresses of the In-Kind donors, a description of their donation and a categorization of the donation as proposed or confirmed.

² "Other" contributions require an itemized list of sources and amounts.

Name of Organization	
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Table 3: Project Expenses

A	Column B	Column C	Column D	Column E	Column F
					CCSD funds
		Completed	Current	Projected	Projected
		7-1-07 to 6-30-08	7-1-08 to 6-30-09	7-1-09 to 6-30-10	7-1-09 to 6-30-10
	Personnel				
20	Artistic				
21	Entertainment				
22	Administrative/Professional				
23	Technical/Production				
24	In-Kind Personnel ³				
25	Total Personnel				
	Operations				
26	Rent and Facility Expenses				
27	Materials and Supplies				
28	Marketing				
29	Fundraising				
30	In-Kind Operating				
31	Other				
32	Total Operating				
33	Total Expenses				
34	Total CCSD ⁴				

³ The Total Value of In-Kind Expenses (Line 24 + Line 30) must equal the value of In-kind Contributions (Project Income, Line 10). These expenses should be shown ONLY FOR projects with budgets of \$30,000 or less.

⁴ The CCSD Total in Column F should equal the CCSD Request (Line 4 of the Income Summary)

Name of Applying Organization:	
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Long Form Application Checklist

Please submit an original plus 12 copies of the following in the following order:
Please 3-hole punch all copies.

REQUIRED DOCUMENTS

- ☐ Long Form Application Checklist
- ☐ Form A: Application Cover Page
- ☐ Form B: Project Summary
- ☐ Form C: Mission Statement, Goals and Objectives
- ☐ Form D: Board Resolution (signatures required)
- ☐ Narrative
- ☐ Table 1: Audience and Visitor
- ☐ Table 2: Project Income
- ☐ Table 3: Project Expenses
- ☐ Board Roster (voting members clearly indicated and dated) and/or project planning committee roster
- ☐ Biographies of key staff and volunteers
- ☐ Articles of Incorporation (**Include with the Original copy only**) Circle here if: **On File**
- ☐ Certificate of Tax-Exempt Status (**Include with the Original copy only**) Circle here if: **On File**

NON-REQUIRED ATTACHMENTS

Applicants are highly encouraged to support and substantiate statements made in the Review Criteria Narrative with credible, relevant and current documentation, such as:

- ☐ Program information, such as curricula or training guides
- ☐ Marketing plan
- ☐ Marketing and outreach materials, such as sample brochures and flyers
- ☐ Websites (up to 3 printed pages from the website)
- ☐ Recent critical reviews or feature articles - no more than 3 clippings, no older than 3 years (10 years for national publications) with dates clearly indicated
- ☐ Work samples, such as publications or samples of other easy-to-package projects
- ☐ Support letters (no more than 3)

AUDIO-VISUAL DOCUMENTATION (OPTIONAL)

Accepted formats:

- ☐ CD or DVD, containing, but not limited to: PowerPoint slide shows, Website imagery, audio files, video files, photographic documentation

*Please note, these audio-visual materials will be viewed outside the panel meeting by application reviewers and will **not** be returned.*

Name of Applying Organization:	
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Short Form Application Checklist

Please submit an original plus 4 copies of the following in the following order:

Please 3-hole punch all copies.

REQUIRED DOCUMENTS

- ☐ Short Form Application Checklist
- ☐ Form A: Application Cover Page
- ☐ Form B: Project Summary
- ☐ Form C: Mission Statement, Goals and Objectives
- ☐ Form D: Board Resolution (signatures required)
- ☐ Abbreviated Narrative
- ☐ Table 1: Audience and Visitor
- ☐ Table 2: Project Income
- ☐ Table 3: Project Expenses
- ☐ Board Roster (voting members clearly indicated and dated) and/or project planning committee roster
- ☐ Biographies of key staff and volunteers
- ☐ Articles of Incorporation (**Include with the Original copy only**) Circle here if: **On File**
- ☐ Certificate of Tax-Exempt Status (**Include with the Original copy only**) Circle here if: **On File**